

***CITY OF TAYLORSVILLE
RECORDS REQUEST FORM***

TO: **City of Taylorsville**
2600 West Taylorsville Blvd.
Taylorsville, UT 84118

Department: _____

Requester's Name: _____
Please Print

Mailing Address: _____
Street City State Zip Code

Daytime telephone number: _____

Identification: _____

Signature: _____ Date: _____

Description of records sought (records must be described with reasonable specificity):

- ☐ I would like to inspect (view) the records.
- ☐ I would like to receive a copy of the records. I understand that I shall be responsible for fees associated with copying charges or research charges as permitted by UCA § 63-2-203. I authorize costs of up to \$_____. If costs exceed the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs. I understand the City has 10 business days to respond to this request.

If the requested records are not public, please explain why you believe you are entitled to access.

- ☐ I am the subject of the record.
- ☐ I am the person who provided the information.
- ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. Documentation required by UCA § 63-2-202, is attached.
- ☐ Other. Please explain: _____

- ☐ I am requesting expedited response as permitted by UCA § 63-2-204 (4)(a). (Releasing the record primarily benefits the public rather than a person.)

Received by: _____ **Date:** _____

FOR CITY USE ONLY

Date request received: _____ Time limit for response: _____

Classification of Record:

- ☐ Public ☐ Private
☐ Protected ☐ Controlled

Is access authorized? (Complete this section if records are private, controlled or protected.)

- Private:** ☐ Requester is the subject of the record.
☐ Requester is other person authorized by UCA § 63-2-202(1) and has supplied required documentation.
☐ Requester is not authorized to have access.
- Controlled:** ☐ Requester is a physician, psychologist, or certified social worker, insurance provider or producer, or a government public health agency and has supplied a release from the subject of the record that is dated no more than 90 days prior to this request, and has a signed acknowledgement of the terms of disclosure.
☐ Requester is not entitled to access.
- Protected:** ☐ Requester is person who submitted record.
☐ Requester if other person authorized by UCA § 63-2-202(4) and has supplied required documentation.
☐ Requester is not entitled to access.

How was identification verified? _____

Response to request:

(See UCA § 63-2-204)

- ☐ Approved, requester notified on: _____
- ☐ Denied, written denial sent on: _____
- ☐ Requester notified agency does not maintain record, and, if known, was also notified of name and address of agency that does maintain record on: _____
- ☐ Extension of time claimed for extraordinary circumstances.
Required notice sent: _____
See UCA § 63-2-204(3)(iv)

Copy fees:

Amount _____ Or, if waived, waiver approved by _____

Hours spent responding to request:

Supervisory or professional _____ Staff _____

Date: _____ Signature: _____

Notes: _____

Upon Completion, please submit a copy of this Record's Request to the City Recorder.